## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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7590

04/30/2004

G.E. EHRLICH (1995) LTD. c/o ANTHONY CASTORINA **SUITE 207** 2001 JEFFERSON DAVIS HIGHWAY ARLINGTON, VA 22202



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name (Signature (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/900,491	07/09/2001	Avraham Oren	01/22222	4147

TITLE OF INVENTION: KNOWLEDGE TREE MEDICAL ENABLEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	****	\$300	\$965	07/30/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
SMITH, CAROLYN L		1631		702-023000	•	
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		Ehrlich (1995	
		low, no assignee d submitted under se	ata will appe parate cover.	T (print or type) ear on the patent, Inclusion of a Completion of this form is NO CE: (CITY and STATE OR CO		ate when an assignment has signment.
Insys	+ Ltd.		Te	rusalem,	Israel	

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual corporation or other private group entity

The following fee(s) are enclosed:

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ Advance Order - # of Copies

Issue Fee

Publication Fee

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

Authorized Signature)	/\ \ \ \ \	()	Date)		
Authorized Stenature)	leuleu	_	July	76,20	0
NOTE; The Issue Fee	and Publication Fe	e (if required) will	not be accept	ed from anyo	n

other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to Inis collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents Alexandria, Virginia 22313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450

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## TED STATES PATENT AND TRADEMARK OFFICE

In re Applicant:

OREN Avraham et al

Serial No.: 09/900,491

9 July 2001 Filed: Group Art Unit: 1631

Docket: 01/22222 **ENABLEMENT** 

Examiner: Carolyn L. Smith

KNOWLEDGE TREE MEDICAL

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL OF ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

For:

In response to the Notice of Allowance dated 30 April 2004 we enclose the following:

Issue fee transmittal form requesting that the issue fee of (\$ 665) and publication fee of (\$ 300) be charged to our deposit account 50-1407.

Any additional charge or credit may be made to our deposit account 50-1407. A duplicate copy of this letter is enclosed for this purpose.

Respectfully submitted,

Attorney

Registration No. 25,457

Ramat Gan, Israel Date: 26 July 2004